

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -3 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116393

1. Entity Name
JACKIE'S CREATIONS HAIR UNLIMITED, INC.



Principal Place of Business
18495 S DIXIE HWY, PMB 172
MIAMI, FL 33157

Mailing Address
18495 S DIXIE HWY, PMB 172
MIAMI, FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
22-3880501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBLISS, JACQUELINE L
15902 SW 95TH AVE #210W
MIAMI, FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME CHAMBLISS, JACQUELINE L
STREET ADDRESS 15902 SW 95TH AVE #210W
CITY-ST-ZIP MIAMI, FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000082987540
01/03/07--01052--001 *\$150.00

TITLE VCEO
NAME CHAMBLISS, AUTRY L
STREET ADDRESS 15902 SW 95 AVE. #210W
CITY-ST-ZIP MIAMI, FL 33157

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☐ Change ☐ Addition

K. Eckel JAN 03 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

Florida Department of State
Division of Corporations,

To whom it may concern,

I Jacqueline L. Chambliss ask you to waive the reinstatement fee due to not receiving the 2006 non-receipt notice in the mail. Also the signature on my check is my signature.

Yours truly,

Jacqueline L. Chambliss
12/26/2006